

New Building Form Office of Risk Management

NOTE	ONLY USE THIS FORM IF THE PHYSICAL STRUCTURE OF THE BUILDING IS TO BE COVERED BY INSURANCE. BUILDINGS NEEDING COVERAGE FOR MOVABLE PROPERTY (CONTENTS) ONLY ARE TO BE REPORTED ON THE UND-1 OR UND-2 FORMS.				
AGENCY REQUESTING CHANGE		AGENCY ISIS CODE		ORM LOCATION CODE	
AUTHORIZED BY		DATE		SITE CODE (BUSINESS ENTITY)	
CONTACT NAME		PHONE NUMBER		BUILDING CODE (SITE CODE/BUILDING NO.)	
REASON (PLEASE CHECK ONE)	<input type="checkbox"/> NEW BUILDING PURCHASED/DONATED <input type="checkbox"/> NEW BUILDING CONSTRUCTED <input type="checkbox"/> AGENCY TO AGENCY TRANSFER <input type="checkbox"/> OTHER _____				
BUILDING DATA					
STATE AGENCY NAME					
ORM LOCATION CODE					
BUILDING NAME					
STREET ADDRESS (NOT P. O. BOX – MUST BE PHYSICAL ADDRESS)					
CITY, STATE, ZIPCODE					
DETAILS (INCLUDE DATE OF TRANSACTION, ETC.)					
NOTE	WHEN ADDING BUILDING STRUCTURES YOU MUST ATTACH A COPY OF PERTINENT DOCUMENTATION (BILL OF SALE, TITLE TRANSFER, ACT OF DONATION, DEED, ETC.)				
RETURN COMPLETED FORM TO	THE OFFICE OF RISK MANAGEMENT – UNDERWRITING SECTION, POST OFFICE BOX 91106, BATON ROUGE, LOUISIANA 70821-9106				

UND-4.1

FOR ORM USE ONLY		
DATE SHELL CREATED		<input type="checkbox"/> BLDG RELEASED
LEGACY BLDG ID		<input type="checkbox"/> FUNCTIONAL LOCATION CREATED
PS NUMBER		<input type="checkbox"/> FUNCTIONAL LOCATION ASSIGNED
RS NUMBER		